



*TCW*

2157

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/057,704
		Filing Date	January 24, 2002
		First Named Inventor	Scott H. Robinson
		Art Unit	2151
		Examiner Name	Walsh, John B.
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P10796

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> First Class Certificate of Mailing; <input type="checkbox"/> - return receipt stamped postcard	

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

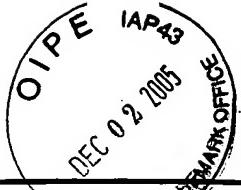
Firm or Individual name	Aslam A. Jaffery, Reg. No. 51,841  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 29, 2005

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista-Mathieson	Date	November 29, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.  
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# FEE TRANSMISSION for FY 2005

Patent fees are subject to annual revision.

*Complete if Known*

Application Number	10/057,704
Filing Date	January 24, 2002
First Named Inventor	Scott H. Robinson
Examiner Name	Walsh, John B.
Art Unit	2151
Attorney Docket No.	42390P10796

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	41	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	41* = 0	50.00	\$0.00
Multiple Dependent		3* = 0	200.00	\$0.00

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple Dependent claim, if not paid		
1204 300	2204 150	**Reissue independent claims over original patent		
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (1)</b>		(\$)		
		0.00		

\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity Small Entity

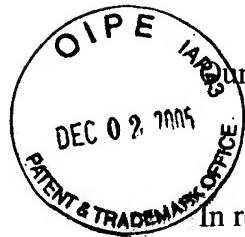
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.			
2053 130	2053 130	Non-English specification			
1251 120	2251 60	Extension for reply within first month			
1252 450	2252 225	Extension for reply within second month			
1253 1,020	2253 510	Extension for reply within third month			
1254 1,590	2254 795	Extension for reply within fourth month			
1255 2,160	2255 1,080	Extension for reply within fifth month			
1401 500	2401 250	Notice of Appeal			
1402 500	2402 250	Filing a brief in support of an appeal			
1403 1,000	2403 500	Request for oral hearing			
1451 1,510	2451 1,510	Petition to institute a public use proceeding			
1460 130	2460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))			
Other fee (specify)		<b>SUBTOTAL (2)</b>			(\$)

## SUBMITTED BY

*Complete (if applicable)*

Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone	(303) 740-1980
Signature				Date	11/29/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Your Docket No: 42390P10796

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: )  
Robinson, et al. )      Examiner: Walsh, John B.  
Application No: 10/057,704 )      Art Unit: 2151  
Filed: January 24, 2002 )  
For: CONTEXT-BASED INFORMATION )  
PROCESSING )  
\_\_\_\_\_  
)

**RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 29, 2005, Applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

**FIRST CLASS CERTIFICATE OF MAILING**

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: November 29, 2005

Name of Person Mailing Correspondence: Krista Mathieson

Krista Mathieson  
Signature

Nov. 29, 2005  
Date